

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. Williams
174 Bolick Ln. Suite 102
Taylorsville, NC
28681

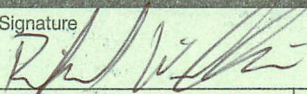
2. Article Number

(Transfer from service)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/22/14

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

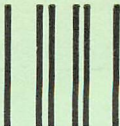
4. Restricted Delivery? (Extra Fee)

☐ Yes

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UNITED STATES POSTAL SERVICE

FREE PRESS
NC 274
22 MAY '14
PM 7 1



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4® in this box •

SNEED PLLC
610 Jetton St. Suite 120-107
Davidson, NC 28036